



MONROE COUNTY HOME IMPROVEMENT PROGRAM (HIP) APPLICATION

Town/Village _____

Name of Applicant: _____ Date of Birth: _____

☐ Mr. ☐ Mrs. ☐ Ms.

Other Owner(s): _____ Date of Birth: _____

☐ Mr. ☐ Mrs. ☐ Ms.

Social Security Number: _____ Other Owner's Social Security Number: _____

Property Address: _____, _____, NY _____
(Street) (Town/Village) (Zip Code)

Phone Numbers: (home) _____ (work) _____ (cell) _____

Please list the name, relationship and phone number of an alternate contact person.

Name: _____ Phone Number: _____

Number of years you have owned this home: _____ Approximate year home was built: _____

Do you have homeowner's insurance? ☐ Yes ☐ No *(Provide proof with the application)*

Employer: _____, _____
(Name) (Address)

List below all persons, including yourself, who reside in the home.

	Full Name	Relationship	Date of Birth	Age	Describe Any Disabilities
1					
2					
3					
4					
5					
6					
7					

Total Family Size: _____

Describe the repairs and/or improvements you are requesting: _____

Home is a: ☐ One Family ☐ Two Family ☐ Mobile Home Number of Bedrooms _____

Are property taxes paid? ☐ Yes ☐ No

Is any portion of the structure used for non-residential purposes? ☐ Yes ☐ No

If yes, describe: _____

Is there a mortgage on the property? ☐ Yes ☐ No *(Attach copy of deed and proof that mortgage is current)*

Lender: _____ Mortgage Balance: _____ Maturity Date: _____

Have you ever received assistance through Monroe County's Home Improvement Program? ☐ Yes ☐ No Date: _____

Indicate the amount of income, by source, for all members of your household AGE 18 AND OVER. Attach all required documentation. Applications that are not complete or are submitted without proper documentation will be returned, which will delay the approval of your application.

\$ _____ **WAGES AND SALARIES:** Please submit a copy of your most current Federal Income Tax Return, including all schedules, W-2 forms **and** six (6) current pay stubs for each wage earner in your household. If self-employed, submit Financial Statements, Schedule "C" Profit/Loss Statement and supporting documentation.

\$ _____ **SOCIAL SECURITY STATEMENT OR SSI BENEFITS:** Please submit a letter or statement indicating monthly benefits. If your benefits are received by direct deposit, you may submit 2 current, consecutive bank statements as verification.

\$ _____ **RETIREMENT/PENSION:** Please submit a letter or statement showing your monthly benefit.

\$ _____ **OTHER INCOME:** Please submit all available documentation of any other income you may receive, whether or not this income is taxable. Other income includes alimony, child support, public assistance, disability or veterans' benefits, trusts, unemployment, workers' compensation, etc.

\$ _____ **INCOME FROM ASSETS:** Submit copies of bank statements, rent receipts or other available documentation of all income earned as assets (savings, stocks, certificates of deposit, rents, royalties, etc.)

\$ _____ **TOTAL GROSS INCOME**

Do you have liquid assets (cash, savings, certificates of deposit, stocks, bonds, etc.) totaling twenty thousand dollars (\$20,000) or more in cash value? ☐ Yes ☐ No Approximate cash value of liquid assets: _____

ATTACH PROPER DOCUMENTATION. Please submit copies of two (2) current, consecutive checking and/or savings bank statements for all accounts, along with any other documentation of assets (rents, stocks, bonds, etc.) in order to verify household income. All applicants are also required to provide proof of Homeowner's Insurance coverage.

Do you have ownership interest in a business? ☐ Yes ☐ No
If yes, describe the business and your interest in it. If there is not enough room here, you may attach a separate page.

I (We) hereby certify that I (we) am (are) the owner(s) and occupants of this property, and that to the best of my (our) knowledge, all information herein is true and correct. The Town/Village of _____ and Monroe County are hereby authorized to verify any of the above information in any appropriate manner and to inspect the property prior to approval and following the completion of work. I (We) understand that payment of financial assistance is subject to satisfactory completion of approved work.

Signed (Applicant) _____ Date: _____

Signed (Co-Applicant) _____ Date: _____

NOTE: Upon approval, participants are required to sign a Note and Mortgage to ensure repayment of the home improvement assistance if ownership of the property is transferred or if the property is no longer the primary residence of the participants within five (5) years of receipt of grant or loan funds.

Information in this section is for statistical purposes only and will not affect your eligibility. Please check one of the following in regard to the race or ethnic origin of the applicant(s).

☐ White (non-Hispanic) ☐ Black (non-Hispanic) ☐ Native American ☐ Asian/Pacific Islander ☐ Hispanic (all races) Other _____

